

202380 771434 📇 02380 771434 🖂 🛛 office@shirleyschools.co.uk

www shirleyjuniorschool.org.uk

January 2025

Dear Parent/Carer,

As part of our topic 'Let it Shine' we will be hosting a light party and sleepover on Thursday 13th February 2025. This is an exciting and fun opportunity for the children to have time with their friends as well as develop independence of being away from home. The party will be for all children in Year 3 and there will be food and drink provided for the children at the event. A donation of £6 per child for the making of the torches, party food, breakfast and sleepover can be paid online via the MCAS App/Website.

The party will begin at 5:30pm and will finish at 7:30pm. The children can wear clothes of their choosing. We will be playing games, exploring light and telling stories in dark conditions. You can collect your child from the junior school hall at 7:30pm if they choose not to come to the sleepover.

For those remaining for the sleepover the children will need to bring the following:

- Pyjamas and slippers
- Toothbrush and toothpaste
- Sleeping bag and pillow (roll mats if you have them)
- Small hand towel/ wash bag
- Change of underwear (change of clothes if your child wishes)
- Cuddly toy (optional)
- Reading book

Please label all of your child's belongings and put them into an easy to carry bag, as they will need to be stored in school the following day. Children are welcome to wear their party clothes for school the following day. If they are not coming to the sleepover, then they may still wear their own clothes to school on Friday 14th February. Children who have slept over will be provided with breakfast in the morning before school. If you are able to help with serving breakfast on this day, can you please email the school office <u>office@shirleyschools.co.uk</u>. We will contact you nearer the time to confirm your help.

Please complete and return the slip below by 9:00am on 30th January 2025 if you would like your child to attend the light party and/or sleepover.

Additionally, **please complete the attached medical forms** for all children wishing to stay for the party and sleepover; without this, your child will not be able to stay overnight. All medicines must be labelled with clear instructions and placed in a named box/ bag, which should be brought on the evening and handed to one of the Year 3 teachers.

Yours sincerely,

The Year 3 Team

Year 3 Sleepover and Light Party – Thursday 13th February 2025

Child's Name: in class:

My child will be attending the **light party <u>only</u> on Thursday 13th February**

My child would like to attend the sleepover and light party on Thursday 13th February (please complete the forms below)

My child will not be attending either.

Signed:

Parent/Carer:

Headteacher : Mrs. A Hixon BA Hons NPQH

Deputy Headteacher: Mrs. J Tearle, PGCE







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Consent for the sleepover 13th February 2025

Name of child: in class:

I give consent to the Year 3 SJS sleepover on Thursday 13th February 2025 to Friday 14th February 2025

I confirm that I have parental responsibility

He/she is in good health and I consider him/her to be capable of taking part in the activities.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Special Dietary Requirements for light party and breakfast

Please inform us of any requirements below or indicate if no requirements.

Dairy or egg allergy - Please indicate if they can/cannot eat small amounts in cakes etc.

Requirement/allergy	Other Information	<u>No dietary</u> requirements

Personal details

First name of participant	Surname					
Date of birth Age:	male / female (circle)					
Address						
Post code						
Name of next of kin:						
Next of kin address during the activity (if different from above)						
Post code						
Contact no: Home	WorkMobile					
Name and address of participant's doctor						
Telephone no	NHS no (if known)					

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Educational visit information and medical form Sleepover 2025

Has the participant had any of the following?

Asthma or bronchitis Heart condition Fits, fainting or blackouts Severe headaches Diabetes	Yes Yes Yes Yes Yes	No No No No	Allergies to any known medication Any other allergies, eg material, food , plasters Other illness or disability Travel sickness Regular medication	Yes Yes Yes Yes Yes	No No No No
If the answer to any of these	questions	is Yes,	please give details:		
If it is considered necessary, being administered	do you ag	ree to n	nild painkillers (eg: Paracetamol)	Yes	No
Has the participant received vaccination against Tetanus in the last 10 years?					
Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Has the participant been given specific medical advice to follow in emergencies?					No
					No
			is Yes, please give details here /tablets):		
	uired: (Do		child have night terrors/special evening routines that teache		o be
			t occurring after the return of this form and prior to the activity		rtake
Signed parent/carer:					
Please print name here:			Date:		
Consent for taking images					
During our sleepover, we are our own booklets, newsletter			ures and videos. We would like to use these in presentations	, display	's or in
In the event of any images of for educational purposes.	f my child/	me bein	g taken, I consent to them being used	Yes	No

I consent to the images being used on the website

Headteacher : Mrs. A Hixon BA Hons NPQH

Deputy Headteacher: Mrs. J Tearle, PGCE





Yes

No